

**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective December 29, 1999

Application or Docket Number

C9 4197522

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	48 minus 20 =	28
INDEPENDENT CLAIMS	10 minus 3 =	7
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE

OTHER THAN  
SMALL ENTITY  
OR

RATE	FEES
	345.00
OR	
X\$ 9=	
OR	
X39=	
OR	
+130=	
OR	
TOTAL	

RATE	FEES
	690.00
OR	
X\$18=	504
OR	
X78=	546
OR	
+260=	
OR	
TOTAL	1140

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
			CL	AD
Total	* 7	Minus	** 78	=
Independent	* 1	Minus	*** 10	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY

OTHER THAN  
SMALL ENTITY  
OR

RATE	ADDI- TIONAL FEE
X\$ 9=	
OR	
X39=	
OR	
+130=	
OR	
TOTAL	
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
OR	
X78=	
OR	
+260=	
OR	
TOTAL	
ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
			CL	AD
Total	* 7	Minus	**	=
Independent	* 1	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
X\$ 9=	
OR	
X39=	
OR	
+130=	
OR	
TOTAL	
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
OR	
X78=	
OR	
+260=	
OR	
TOTAL	
ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
			CL	AD
Total	* 7	Minus	**	=
Independent	* 1	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
X\$ 9=	
OR	
X39=	
OR	
+130=	
OR	
TOTAL	
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
OR	
X78=	
OR	
+260=	
OR	
TOTAL	
ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE  
(CALCULATION SHEET)

APPLICATION NUMBER: 09/497522

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=	Total
	Sm./Lg.					Sm. Entity	Lg. Entity	
Basic Filing Fee	<u>201/101</u>						<u>696</u>	
Total Claims >20	<u>203/103</u>	<u>48</u>	<u>-20</u>	<u>-</u>	<u>28</u>	X	<u>504</u>	
Independent Claims >3	<u>202/102</u>	<u>10</u>	<u>-3</u>	<u>-</u>	<u>7</u>	X	<u>546</u>	
Mult. Dep. Claim Present	<u>204/104</u>							
Surcharge	<u>205/105</u>						<u>130</u>	
English Translation	<u>139</u>							

TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due = \$ 1870.00

Less Filing Fees Submitted . \$ 0

BALANCE DUE = \$ 1870.00

Bellman  
Office of Initial Patent Examination